

**APPLICATION FOR REPORT ON  
INDIVIDUAL SEWAGE DISPOSAL and WATER SYSTEM**

**Public Health – Seattle & King County  
Environmental Health Division**

**NOTE:** *Please remember that access must be provided to all features to be inspected (e.g., well house must be open, storage tanks must be accessible for inspection if in the house, etc.). Please tether dogs if they may be a problem.*

**DOGS PRESENT? YES\_\_\_ NO\_\_\_**

**PLEASE COMPLETE ALL SPACES:**

**\*\*Request is for sewage only \_\_\_\_\_ (\$262.00 fee); Request for sewage & water (both) \_\_\_\_\_ (\$393.00).**

**Fee must accompany application. Make checks payable to "Seattle-King County Department of Public Health"**

Address of Property \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Legal description (attach copy if lengthy) \_\_\_\_\_

Parcel Number (Tax lot account number) \_\_\_\_\_

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Applicant's name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Day Phone \_\_\_\_\_

Applicant's mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner's name \_\_\_\_\_ Day Phone \_\_\_\_\_

Average number of occupants last 2 years \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Is house occupied? \_\_\_\_\_ If not, approximate date vacated? \_\_\_\_\_

**SEWAGE SYSTEM (If applicable):**

Approximate date(s) septic tank was pumped (attached receipts) \_\_\_\_\_

All plumbing drains operate normally (i.e., no slow draining or backups) Yes No Don't Know

Additions or major landscape changes since house was constructed (examples: added family room, bedrooms, garage, Patio, deck, etc; major fills or excavations done in landscaping): \_\_\_\_\_

Additions or repairs to sewage system (give date(s) and describe briefly) \_\_\_\_\_

Other information which would be helpful in evaluating the sewage system (e.g., is there a garbage disposal?) \_\_\_\_\_

**WATER SYSTEM (if applicable):**

Parcel number where water system is located: \_\_\_\_\_

System supplies water to one residence/connection – individual water supply

Is well house open for inspections? \_\_\_\_\_ if not, provide name of the person to contact for access \_\_\_\_\_

Phone number of contact person (\_\_\_\_\_) \_\_\_\_\_ Date water system was last disinfected \_\_\_\_\_

Other information, which would be helpful in evaluating the water system: \_\_\_\_\_

**PLEASE ATTACH ALL COPIES OF WELL LOG, WELL COVENANTS, CHEMICAL/BACTERIOLOGICAL SAMPLE REPORTS, ETC.**

**APPLICANT'S**

**SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_**

**NOTE: TO ASSIST US IN LOCATING THIS PROPERTY, PLEASE ATTACH AN ACCURATE ROUTE MAP.**

**Please indicate the color of the house.**

**SUBMIT APPLICATION AND FEE TO:  
EASTGATE DISTRICT HEALTH CENTER  
14350 SE Eastgate Way  
Bellevue, WA 98007**

**Phone (206) 296-4932**

Date Received

**\*\*Investigations of onsite sewage systems are done @ an hourly rate of \$131.00 with a minimum advanced hourly payment of two hours ( \$262.00) required @ time of application. Since this is an estimated time for conducting these type of inspections we will notify you if there is any additional time (cost) involved with your application.**